



This Recusal Form shall be completed and forwarded to the Section Commander prior to the start of the investigation.

OAKLAND POLICE DEPARTMENT
Criminal Investigation Division
Recusal Form
BOI Form - 1 (Feb 09)

Investigator's Name (Print) C RAGG CHEN	Serial No.	First-Level Superior (Printed) DA'S OFC	Serial No.
Case Number 09-020456		Lt BK Maden 7774	
Requirement: In accordance with the provisions of Bureau of Investigation (BOI) Policy and Procedure 09-01, RECUSAL POLICY , an investigator shall prepare this form prior to beginning a criminal investigation to disclose whether or not there is any relationship where it is clear that the nature of the relationship could be perceived to compromise the investigative process and document the circumstances. Upon completion of the Recusal Form, the appropriate first-line commander shall meet with the investigator to jointly review this form. The first-line commander shall determine whether it is clear that the nature of the relationship could be perceived to compromise the investigative process. An investigation may be reassigned if any of the following conditions exist, such as: <ul style="list-style-type: none">• Family relationship;• Outside business relationship;• Romantic relationship;• Personal friendship;• Close work relationship (to be determined on a case-by-case basis); or• Directly involved in the incident. The Recusal Form shall be retained in the Investigative Case File.			
Declaration: I have checked the appropriate response. <input type="checkbox"/> I was directly involved in the incident. (Describe in Declaration Narrative) <input type="checkbox"/> I have a relationship with one or more of the involved parties which could be perceived to compromise the investigative process. (Describe in Declaration Narrative) <input checked="" type="checkbox"/> I am not directly involved in the incident and do not have any relationship with any of the involved parties which could be perceived to compromise the investigative process.			
Investigator's Signature C. Chen		Date 3-21-09	
Declaration Narrative			
First-Level Superior Review I have met with the investigator and made the following determination: <input type="checkbox"/> Reassigned (Detail reason below) <input checked="" type="checkbox"/> Not reassigned			
Review Narrative			
First-Line Commander's Signature Lt BK Maden		Date 3/21/09	